
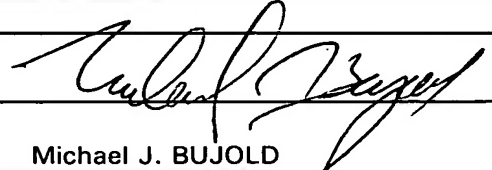



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <div style="text-align: center;">  <p>FEE TRANSMITTAL For FY 2006</p> </div> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application No.</td> <td style="width: 50%;">10/803,012</td> </tr> <tr> <td>Filing Date</td> <td>March 16, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Ivan TO</td> </tr> <tr> <td>Examiner Name</td> <td>Jeffrey A. SHARP</td> </tr> <tr> <td>Art Unit</td> <td>3677</td> </tr> </table>		Application No.	10/803,012	Filing Date	March 16, 2004	First Named Inventor	Ivan TO	Examiner Name	Jeffrey A. SHARP	Art Unit	3677
Application No.	10/803,012												
Filing Date	March 16, 2004												
First Named Inventor	Ivan TO												
Examiner Name	Jeffrey A. SHARP												
Art Unit	3677												
TOTAL AMOUNT OF PAYMENT: \$620		Attorney Docket No. THOLAM P226US											
METHOD OF PAYMENT (check all that apply)													
<p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS & BUJOLD, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17</p>													
<p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>													
FEE CALCULATION													
1. BASIC FILING, SEARCH, AND EXAMINATION FEES													
Application Type	FILING FEES Fee (\$)	Small Entity Fee (\$)	SEARCH FEES Fee (\$)	Small Entity Fee (\$)	EXAMINATION FEES Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)						
Utility	300	150	500	250	200	100							
Design	200	100	100	50	130	65							
Plant	200	100	300	150	160	80							
Reissue	300	150	500	250	600	300							
Provisional	200	100	0	0	0	0							
2. EXCESS CLAIM FEES													
Fee Description				Fee (\$)		Small Entity Fee (\$)							
Each claim over 20 (including Reissues)				50		25							
Each independent claim over 3 (including Reissues)				200		100							
Multiple dependent claims				360		180							
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)							
_____ -20 or HP =		_____ x		_____ =		_____							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)							
_____ -3 or HP +		_____ x		_____ =		_____							
HP = highest number of independent claims paid for, if greater than 3.													
3. APPLICATION SIZE FEE													
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
Total Sheets		Extra Sheets		No. of each additional 50 or fraction thereof		Fee (\$)							
_____ -100 =		_____ / 50 =		_____ (round up to a whole number) x		_____ =							
						Fee Paid (\$)							
4. OTHER FEE(S)						Fees Paid (\$)							
RCE FEE (SMALL)						\$395							
2-MONTH EXTENSION OF TERM (SMALL)						\$225							

SUBMITTED BY

Signature		Telephone (603) 226-7490	
Name (Print/Type)	Michael J. BUJOLD	Registration No. (Atty/Agent) 32,018	Date: February 7, 2007

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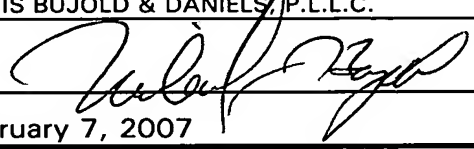
	Application Number	10/803,012
	Filing Date	March 16, 2004
	First Named Inventor	Ivan TO
	Group Art Unit	3677
	Examiner Name	Jeffrey A. SHARP
Total No. of Pages in this Submission: 7		Attorney Docket Number THOLAM P226US

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee attached
<input checked="" type="checkbox"/> Request for RCE
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request (in Duplicate)
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Part/s Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)
<input type="checkbox"/> To Convert a Provisional Petition
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
Postcard |
|---|---|--|

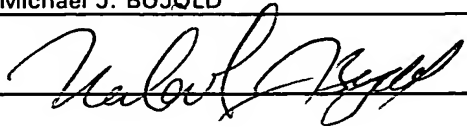
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	February 7, 2007	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 7, 2007.

Type or printed name	Michael J. BUJOLD
Signature	 Date: February 7, 2007 (lfb)